<p align="center">**<u>REGISTRATION FORM</u>**</p>

<u>MSHA Training</u>

Please return this registration information no later than November 22, 2010.

Mail to: MSHA TRAINING   (or) <u>FAX to: (508) 616-0467</u>
             Massachusetts Division of Occupational Safety
             1001 Watertown Street
             West Newton, MA 02465

COMPANY NAME_____

Mailing Address_____

_____

           CONTACT PERSON_____

           Phone # _____   **Fax #**_____

           E-mail Address_____

      Note: Please indicate the specific locations and mine i.d. numbers, if available. Also, indicate the number of employees who <u>work</u> at each of these locations.

- Work Location No. 1: _____MSHA I.D. #:: _____ # employees who work here:_____

- Work Location No. 2: _____MSHA I.D. #:: _____ # employees who work here: _____

- Work Location No. 3: _____MSHA I.D. #:: _____ # employees who work here: _____

Below, indicate your class preference. If you are not sure of specific enrollment names, please identify the number of persons who will be attending. (Use a separate piece of paper as necessary). We will make every effort to give you your first choice, or a nearby location. You will be notified of registration confirmation.

<u>NAME OF WORKER</u>	<u>JOB TITLE</u>	<u>CLASS LOCATION PREFERENCE</u>	
		1St. Choice	2nd Choice

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